



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

January 28, 2014

William Banos
Valencia Corporate Fitness, Inc.
Gold's Gym
19835 Nordhoff Street
Northridge, CA 91324

HEARING ON APPLICATION FOR HEALTH SPA/CLUB/SC BUSINESS LICENSE ID #139628

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, February 12, 2014 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:01/23/2014
2ND PUBLISHING DATE:01/30/2014
3RD PUBLISHING DATE:02/06/2014

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

HEALTH SPA/CLUB/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:24445 TOWN CENTER DR #195
VALENCIA, CA 91355
NAME OF APPLICANT:VALENCIA CORPORATE FITNESS, INC/
WILLIAM BANOS
GOLD'S GYM
DATE OF HEARING:02/12/2014
TIME OF HEARING:09:00 A.M.

**"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"**

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **24445 TOWN CENTER DR 195, VALENCIA, CA 91355**

TELEPHONE: **(661) 288-1880**

OWNER OF BUSINESS: **WILLIAM BANOS**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **GOLD'S GYM**

MAILING ADDRESS: **19835 NORDHOFF ST, NORTHRIDGE, CA 91324**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	09/23/13	dmiles
<input checked="" type="checkbox"/> 3. Building & Safety	YES	08/16/12	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	08/22/12	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	12/13/13	dmiles
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	12/24/12	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/08/12	dmiles
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	01/23/14	dmiles
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	08/16/12	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: *Business License fees are NOT refundable*

Fee: \$

1682

ID #

139628**BUSINESS INFORMATION**

Type of Business: <u>Health & Fitness - Club Membership</u> <u>8436</u>		Address of Business: <u>24445 Town Center Dr, Ste 195, Valencia, Ca 91355</u>	
		Business Telephone: <u>661-288-1880</u>	
DBA (Business Name): <u>Gold's Gym</u>		Mailing Address: <u>19835 Nordhoff St, Northridge, Ca 91324</u>	
Sellers Permit # (State Board of Equalization): <u>102-179518</u>			
Business Ownership Structure: <u>Single Owner</u> <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:			
Date of Incorporation: <u>Sept 7, 2011</u>		Incorporated in the State of: <u>CALIFORNIA</u>	
Exact Corporate Name: <u>Valencia Corporate Fitness, Inc.</u>			
Names of Officers	Addresses	Titles	
<u>Angel Banos, JR.</u>		<u>PRESIDENT</u>	
<u>William Banos</u>		<u>VICE PRESIDENT</u>	

APPLICANT INFORMATION

Applicant's Full Name: <u>William Banos</u>		
Home Address:		
Home Telephone:	Cell Phone:	Email address: <u>willy@goldsgymla.com</u>
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date: <u>1/1/2012</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: _____	Weight: _____
	Hair Color: _____	Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date:

8/1/12

Applicant's Signature:

Application taken by:

llb

Date:

8-1-12



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 24445 TOWN CENTER DR 195, VALENCIA, CA 91355

TELEPHONE: (661) 288-1880

OWNER OF BUSINESS: WILLIAM BANOS

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GOLD'S GYM

MAILING ADDRESS: 19835 NORDHOFF ST, NORTHRIDGE, CA 91324

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**RISK MANAGEMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: Kerry Fuse

DATE: 9/23/2013

BASIC LICENSE NO. 8436

DATE 08/14/13

IDENTIFICATION NUMBER 139628

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **24445 TOWN CENTER DR 195, VALENCIA, CA 91355**

TELEPHONE: **(661) 288-1880**

OWNER OF BUSINESS: **WILLIAM BANOS**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **GOLD'S GYM**

MAILING ADDRESS: **19835 NORDHOFF ST, NORTHRIDGE, CA 91324**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**


BUILDING & SAFETY

SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: 

DATE: 8/6/12

Aug 16, 2012
11:52AMSANTA CLARITA FIRE PREVENTION
FIRE LACOFD FIRE MARSHAL

3238904055

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

215 N. Hill Street, Suite 109, P.O. Box 54570, Los Angeles, CA 90054-0970

BUSINESS LICENSE
APPLICATION REFERRAL

NRSC

KIND OF BUSINESS: HEALTH SPA/CLUB/SC

ADDRESS OF BUSINESS: 24445 TOWN CENTER DR 195, VALENCIA, CA 91355

TELEPHONE: (661) 283-1880

OWNER OF BUSINESS: WILLIAM RANOS

CAL DR. INC.:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GOLD'S GYM

MAILING ADDRESS: 19835 NORTHERN ST, NORTHRIDGE, CA 91324

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

#139628

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL☐ DENIAL

RECOMMENDATION:

SIGNATURE

DATE

8-17-2012

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 24445 TOWN CENTER DR 195, VALENCIA, CA 91355

TELEPHONE: (661) 288-1880

OWNER OF BUSINESS: WILLIAM BANOS *Valencia Corporate Fitness*

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GOLD'S GYM

MAILING ADDRESS: 19835 NORDHOFF ST, NORTHRIDGE, CA 91324

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY

☒ APPROVAL☐ DENIAL

RECOMMENDATION:

*PHP # 185128**Valencia Corporate Fitness*

SIGNATURE:

B. Tinoco
B. TinocoDATE: *12-12-13*

BASIC LICENSE NO. 8436

DATE 09/24/13

IDENTIFICATION NUMBER 139628

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **24445 TOWN CENTER DR 195, VALENCIA, CA 91355**

TELEPHONE: **(661) 288-1880**

OWNER OF BUSINESS: **WILLIAM BANOS**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **GOLD'S GYM**

MAILING ADDRESS: **19835 NORDHOFF ST, NORTHRIDGE, CA 91324**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**


TREASURER & TAX COLLECTOR

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: 

DATE: 12-24-12

BASIC LICENSE NO. **8436**

DATE **08/02/12**

IDENTIFICATION NUMBER **139628**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **24445 TOWN CENTER DR 195, VALENCIA, CA 91355**

TELEPHONE: **(661) 288-1880**

OWNER OF BUSINESS: **WILLIAM BANOS**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **GOLD'S GYM**

MAILING ADDRESS: **19835 NORDHOFF ST, NORTHRIDGE, CA 91324**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

REGIONAL PLANNING

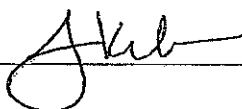
SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____



DATE: _____

8/2/12

BASIC LICENSE NO. **8436**

DATE **08/02/12**

IDENTIFICATION NUMBER **139628**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

912-00984
✓ known

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 24445 TOWN CENTER DR 195, VALENCIA, CA 91355

TELEPHONE: (661) 288-1880

OWNER OF BUSINESS: WILLIAM BANOS

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: GOLD'S GYM

MAILING ADDRESS: 19835 NORDHOFF ST, NORTHRIDGE, CA 91324

DATE THAT YOU STARTED BUSINESS: # 4/1

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

✓ APPROVAL

|| DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

WUP JBW

DATE:

8/15/12

BASIC LICENSE NO. 8436

DATE 08/02/12

IDENTIFICATION NUMBER 139628

PK